Applicatio										n or Docket Number			
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003													(,
CLAIMS AS FILED - PART I (Column 1) (Column 2)							•	SMAL TYPE	L EI	YTITY	OR	OTHER SMALL	THAN ENTITY
TO	OTAL CLAIMS		32				.	RAT	Έ	FEE] . [RATE	FEE
FC	DR		NUMBER FILED		NUMBER EXTRA			BASIC	FEE	385.00	OR	BASIC FEE	770.00
ТС	TAL CHARGE	ABLE CLAIMS	32 minus 20=		· 12			X\$ S	9≈	108	OR	X\$18=	
IND	DEPENDENT C	LAIMS	. 5 minus 3 =					X43)= -	86	OR	X86=	Y
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=			OR	+290=	• .
• If	the difference	in column 1 is	ess than zero, enter "0" in column 2				TOT	AL	579	OR	TOTAL		
CLAIMS AS AMENDED - PART II							•		/		OTHER		
	(Column 1) (Column 2) (Column 3)							SMA	LL	ENTITY	OR	SMALL	
AMENDMENT A	4-30-09	CLAIMS REMAINING AFTER AMENDMENT		NUME PREVICE PAID I	BER	PRESENT		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 50	Minus	** 3	2 ·	= 18		X\$ 9)=		OR	X\$18=	
	Independent,	5	Minus	***	2	= 0		X43	=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+145	_	,	OR	+290=	
								TO	TAL			TOTAL	
> -	(Column 1) (Column 2) (Colum							ADDIT. FEE ADDIT. FEE					
		CLAIMS		HIGH	EST BER OUSLY	PRESENT EXTRA	1 - 1	RATE	_	ADDI-	1		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID F					E	TIONAL FEE		RATE	TIONAL
	Total	*	Minus	**		=		X\$ 9	<u> </u>		O.R	X\$18=	·
	Ind pendent	•	Minus	.***		<u> </u>	11	X43:	=		OR	X86=	
ب	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	4.45				· . 000	
			• •					+145			OR	+290=	
		•						ADDIT. F			OR ·	ADDIT. FEE	
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		REMAINING . AFTER AMENDMENT		NUMB PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	<u> </u>	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	***		: =		X\$ 9:	_ [OR	X\$18=	
	Independent	* .	Minus	*** .		=		X43=			ام	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT						 -		┰┼		OR		•
A Mitho potars to potars of the top the potar to potars of suits 200 to potars of											OR	+290=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL ODIT. FEE		
1	The "Highest Num	ber Previously Pai	d For" (Total or	Independe	nt) is the	highest numbe	r foù	nd in the	appi	ropriate box	in col	umn 1.	